

## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

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## LOBBYIST REGISTRATION FORM

	(Type or	Print Clearly)	STATE OF HAWAII
PART I LOBBYIST	STATE ETHICS COMMISSIJE		
NAME (Last)	(First)	(Middle)	TELEPHONE
Radcliffe	John	Henry	(808) 531-4551
MAILING ADDRESS (Street)	FAX (808) 533-4601		
222 South Vineyard S	EMAIL hawaiilobbyist@aol.com		
(City)	(State)		(Zip Code)
Honolulu	HI		96813-2453
EMPLOYING ORGANIZATION (Fi	li in only if you are employed by a business en	ntity which has been retained to	o lobby) TELEPHONE
Capitol Consultants of	Hawaii, LLP.		(808) 531-4551
MAILING ADDRESS (Street)	· · · · · · · · · · · · · · · · · · ·		FAX (808) 533-4601
222 South Vineyard Street, Suite 401			EMAIL hawaiilobbyist@aol.com
(City)	(State)		(Zip Code)
Honolulu	ні		96813

PART II ORGANIZATIO	ON	
NAME OF ORGANIZATION YO	TELEPHONE	
American Family Life A	(706) 596-3306	
MAILING ADDRESS (Street)	FAX (706) 596-3908	
Worldwide Headquarte	EMAIL gallen@aflac.com	
(City)	(City) (State)	
Columbus	umbus GA	
NAME OF PERSON RESPONSIBL	TELEPHONE	
R. Gary Allen		(706) 596-3306
MAILING ADDRESS (Street)	FAX (706) 596-3908	
Worldwide Headquarte	EMAIL gallen@aflac.com	
(City)	(State)	(Zip Code)
Columbus	GA	31999

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture ☐ Education ☐ Human Services			Science, Technology & Economic Development			
Communications & Public Utilities	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation				
✓ Consumer Protection & ☐ Hawaiian Affairs ☐ Labor & Employmen			☐ Transportation			
Culture, Arts, Historic Preservation Health Planning, Land & W Use Management			Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	☐ Public Safety & Corrections				
PART IV CERTIFICATION	N OF LOBBYIST					
I hereby certify that the information fulnished above is, to the best of my knowledge, correct and complete.						
<u> </u>	(Signature of Lobby)	<u> </u>	(Date)			
Thank W. Alieukhile and Conny						
PART V AUTHORIZATION TO LOBBY  NAME  TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED						
11/2-2			Governmental Relations			
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
American Family Life Assurance Company of Columbus (AFLAC)			(706) 596-3306			
MAILING ADDRESS (Street)			FAX (706) 596-3908			
Worldwide Headquarters, 1932 Wynnton Road			EMAIL gallen@aflac.com			
(City)	(State)		(Zip Code)			
Columbus	GA		31999			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
1/22/13						
(Signature of Aut	sented)	(Date)				

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